

Serious Incident Report (Act 78) Guide

Child Death, Serious Injury or Egregious Incident of Abuse or Neglect

Introduction

2009 Wisconsin Act 78 requires county agencies to notify the Department of Children and Families (DCF) in cases of child death, serious injury, or egregious incidents where abuse or neglect is suspected. Agencies are also required to notify DCF in cases where a child placed outside of the home is suspected to have committed suicide.

The county agency must use the statutory definitions of serious injury or egregious abuse or neglect to determine if a case qualifies for notification under Section 48.981(7)(cr), Wis. Stats. The agency must gather all information available about the incident and report the incident within two business days using the form Child Death, Serious Injury or Egregious Incident Notification (DCF-F-CFS2091-E). DCF will make a final determination if the reported case qualifies as an incident that requires public notification. Qualifying cases will be posted at http://dcf.wisconsin.gov/children/CPS/public_disclosure/default.htm by DCF. DCF must review each qualifying case and provide a 90-Day Summary Report to the Governor and appropriate standing committees. The completed summary report must also be made available to the public. The county agency and DCF will collaborate to review the case and produce the summary report.

This guide will assist you in identifying and taking necessary steps at various points in these serious cases. In all cases, the handling of reports of alleged maltreatment and service provision must comply with all current CPS practice Standards.

Sections:

Access Report, Initial Assessment, Ongoing Services & Case Review, and Create Case Work.

Access Report

When a report is received, you must identify if the case potentially qualifies as a child death, serious injury, or egregious incident of abuse or neglect. If the supervisor agrees that the case does qualify, then the agency has two working days to notify DCF of the incident.

The access report should be documented in eWiSACWIS in compliance with Standards. When a child death is reported and screened in at access, the fatality should be indicated on the Allegation (Access Report) pop-up page (accessed via the Allegation tab of the Access Report page) for the instance of maltreatment associated with the fatality.

Allegation (Access Report) -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Allegation

Alleged Victim: Jones, Mary

[AM Relationship to Victim](#) Child(ren) in lic care (not fstr care)

Abuse/Neglect Code: Neglect

[Description](#) Bruising - Internal Injury - Untreated Injury/Lack of Medical Care

Date or Approximate Date of Alleged Maltreatment: 06/01/2015

Alleged Maltreatment occurred while the child's residence was an OHC placement: ☐ Yes ☒ No ☐ Unknown

Serious Incident: [Details](#) ☒ Yes ☐ No

☐ Serious injury, as determined by a physician [Details](#)

☒ Death / Alleged maltreatment [Details](#)

☐ Egregious incident [Details](#)

☐ Death / Alleged suicide in OHC

[DCF memo 2010-01](#) [Act 78](#)

Death Date: 06/03/2015

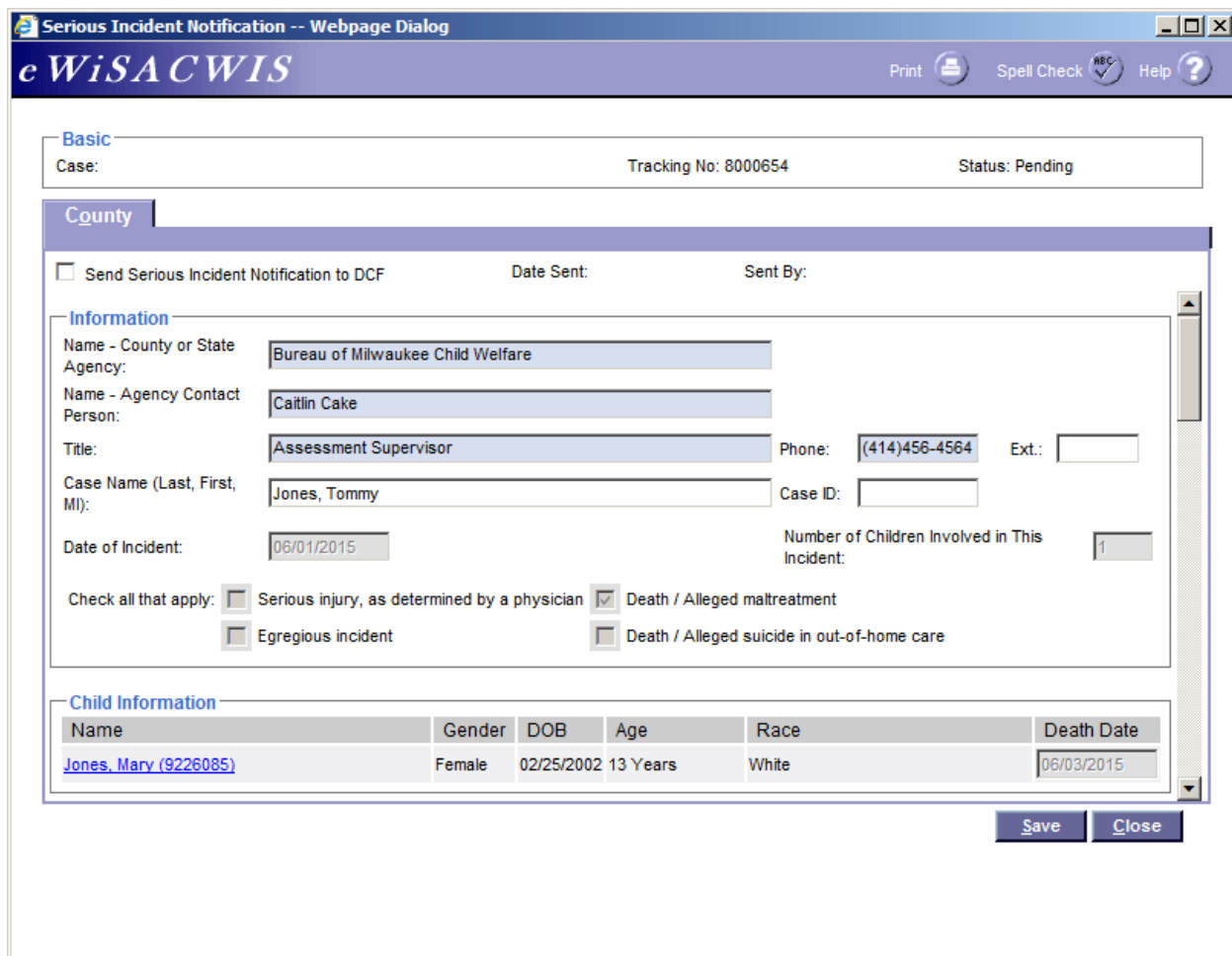
[Continue](#) [Close](#)

Note: If a death is indicated on the page then the Death Date field will appear. The death date is not required and will automatically update the death date field on person management when the Access Report is linked or a new case is created.

You will receive a message to complete the Serious Incident Report.



The Serious Incident Notification page is accessed via the Options drop-down of the Access Report page. Completing the Serious Incident Notification, checking the “Send Serious Incident Notification to DCF” checkbox, and clicking Save will trigger an e-mail notifying DCF of the serious incident.



Basic

Case: Tracking No: 8000654 Status: Pending

County

☐ Send Serious Incident Notification to DCF Date Sent: Sent By:

Information

Name - County or State Agency: Bureau of Milwaukee Child Welfare

Name - Agency Contact Person: Caitlin Cake

Title: Assessment Supervisor Phone: (414)456-4564 Ext.:

Case Name (Last, First, MI): Jones, Tommy Case ID:

Date of Incident: 06/01/2015 Number of Children Involved in This Incident: 1

Check all that apply: ☐ Serious injury, as determined by a physician ☒ Death / Alleged maltreatment
☐ Egregious incident ☐ Death / Alleged suicide in out-of-home care

Child Information

Name	Gender	DOB	Age	Race	Death Date
Jones, Mary (9226085)	Female	02/25/2002	13 Years	White	06/03/2015

Save Close

Initial Assessment

If during an open initial assessment, the child dies from the abuse or neglect identified in the initial CAN report, this should be documented in the Initial Assessment. You should answer 'Yes' to the Serious Incident field and identify either "Death/Alleged maltreatment" or "Death/Alleged suicide OHC" on the Allegations (Assessment) pop-up page (accessed via the Allegations tab of the Initial Assessment page) for the instance of maltreatment associated with the fatality.

Allegation (Assessment) -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Allegation

Alleged Victim: Mary Jones

Abuse/Neglect Code: Neglect

Description: Bruising-Internal Injury-Untreated Injury/Lack of Medical Care

Determination: Substantiated

Date or Approximate Date of Alleged Maltreatment: 03/25/2015

Alleged Victim received medical treatment as a result of this alleged maltreatment: ☐ Yes ☐ No

Alleged Maltreatment occurred while the child's residence was an OHC placement: ☐ Yes ☒ No ☐ Unknown

Serious Incident: ☒ Yes ☐ No

☐ Serious injury, as determined by a physician

☒ Death / Alleged maltreatment

☐ Egregious incident

☐ Death / Alleged suicide in OHC

Death Date: 06/03/2015

[DCF memo 2010-01](#) [Act 78](#)

[Details](#) [Details](#) [Details](#)

Save Close

Note: If a death is indicated on the page then the Death Date field will appear. The death date is required and will automatically update the death date field on person management when the Assessment is completed.

If it is determined during the initial assessment that the maltreatment reported at access resulted in serious injury or death or qualifies as egregious abuse or neglect and DCF wasn't notified, the agency must report this to DCF using the Serious Incident Notification page located via the Options drop-down on the Results tab of the Assessment page. This must be completed within 2 working days of the agency becoming aware of the incident.

A child fatality may not be reported as a fatality in more than one CPS initial assessment. The assessment that follows an Access Report of the death of a child should only have one CPS Report with a checked fatality indicator and one Initial Assessment with a fatality indicated.

If during the initial assessment a new allegation of abuse or neglect is reported that resulted in serious injury or death or qualifies as egregious abuse or neglect, a new CPS report should be created documenting this allegation. DCF must be notified via the Serious Incident Notification page launched from the Options drop-down.

Ongoing Services or Case Review

If a child death, serious injury or egregious incident occurs during Ongoing Services, a new CPS report must be documented for the child. DCF must be notified as described above about the new incident.

If a child death is the result of an Alleged Suicide while the child is placed in out of Home Care, DCF must be notified via the Serious Incident Notification page launched from the Options drop-down on the Provider tab of the Out of Home placement page.

Create Case Work

There may also be circumstances where a Serious Incident Notification can be documented outside of an open Access Report, Assessment, or Out of Home Placement. A Serious Incident Notification can be created at any point in an open case via the Create Case Work page.

On the Create Case Work page, select Serious Incident Notification from the Assessment drop-down, select the case, select the participant(s), and click Create.

The screenshot shows the 'Create Case Work' page in the eWiSACWIS system. The 'Assessment' dropdown is set to 'Serious Incident Notification'. The 'Cases' list on the right includes 'Aardvark, Amy B. (9222873)' and several 'Abby, Alice N.' entries. The 'Case Participants' list includes 'Aardvark, Abigail, Biological Child (9226560)' and several 'Kellogg' family members. 'Create' and 'Close' buttons are at the bottom right.

If the case already has a pending Initial Assessment, you will receive this message:

A pending Initial Assessment exists for this case. The Serious Incident Notification can also be created using the pending Initial Assessment. If the Serious Incident is related to the pending Assessment please launch it from the Assessment. Would you like to continue?

Yes No

If the serious incident is related to the pending Initial Assessment, select 'No' to launch it from the assessment. If the serious incident is not related to the pending Initial Assessment, select 'Yes' to create a new Serious Incident Notification.

Complete the Serious Incident Notification as identified above.

Checking the “Send Serious Incident Notification to DCF” checkbox and clicking Save will trigger an e-mail notifying DCF of the serious incident.

The screenshot shows the eWiSACWIS web application in a Windows Internet Explorer browser window. The address bar shows the URL: <https://apps.dcf.wisconsin.gov/> - Serious Incident Notification - Windows Internet Explorer. The application header includes the eWiSACWIS logo and navigation links: Print, Spell Check, and Help.

The main form is titled "Basic" and contains the following information:

- Case: [Aardvark, Amy B. \(6342027\)](#)
- Tracking No: 8012584
- Status: Pending

The "County" tab is selected, and the "Send Serious Incident Notification to DCF" checkbox is checked. The "Date Sent" and "Sent By" fields are empty.

The "Information" tab is also visible, containing the following fields:

- Name - County or State Agency: Bureau of Milwaukee Child Welfare
- Name - Agency Contact Person: [Empty]
- Title: [Empty]
- Phone: [Empty]
- Ext.: [Empty]
- Case Name (Last, First, MI): Aardvark, Amy, B.
- Case ID: 6342027
- Date of Incident: 00/00/0000
- Number of Children Involved in This Incident: 1

Below the "Information" tab, there are four checkboxes for "Check all that apply":

- ☐ Serious injury, as determined by a physician
- ☐ Death / Alleged maltreatment
- ☐ Egregious incident
- ☐ Death / Alleged suicide in out-of-home care

The "Child Information" tab is also visible, containing a table with the following data:

Name	Gender	DOB	Age	Race
Aardvark, Abigail (6342362)	Female	07/02/2009		White

At the bottom right of the form, there are "Save" and "Close" buttons. The browser status bar at the bottom shows a zoom level of 100%.

Note: If a death is indicated on the page then the Death Date field will appear. The death date is not required and will automatically update the death date field on person management when the Serious Incident is sent to DCF.

Outliner

Regardless of where the Serious Incident Notification was created from, it will display on the outliner under the Serious Incident Notification icon. It will also display next to the piece of work it was created from: the access report, initial assessment, or out of home placement.



Completing the 90-Day Summary Report for Child Death, Serious Injury or Egregious Incident

Once DSP has identified that an incident qualifies as a serious incident, eWiSACWIS automatically generates a 90-Day Summary Report Serious Incident tickler on the Primary worker's desktop. The tickler due date is 60 days from the date DSP indicates 'Yes' to the incident qualifying as a serious incident.

1. To launch the 90-Day Summary Report, open the associated Serious Incident Notification found under the Serious Incident Notification icon on the case. On the Serious Incident Notification page, select 90-Day Summary Report from the Options drop-down and click Go. This opens the 90-Day Summary page.

Basic
Case: [Aardvark, Amy B. \(6342027\)](#) Tracking No: 8012584 Status: Qualified

County
☒ Send Serious Incident Notification to DCF Date Sent: 06/18/2015 Sent By: Cake, Catlin

Information
Name - County or State Agency: Bureau of Milwaukee Child Welfare
Name - Agency Contact Person: Catlin Cake
Title: Supervisor Phone: (414)123-1231 Ext.:
Case Name (Last, First, MI): Aardvark, Amy, B. Case ID: 6342027
Date of Incident: 06/02/2015 Number of Children Involved in This Incident: 1
Check all that apply: ☒ Serious injury, as determined by a physician ☐ Death / Alleged maltreatment
☐ Egregious incident ☐ Death / Alleged suicide in out-of-home care

Child Information

Name	Gender	DOB	Age	Race
Aardvark, Abigail (6342362)	Female	07/02/2009	5 Years	White

Options: Go
Actions
90-Day Summary Report

Save Close

2. Complete the 90-Day Summary Report. Child information will pre-fill from the child initially identified in the Serious Incident Notification but is modifiable here.

90-Day Summary Report -- Webpage Dialog

eWiSACWIS UAT

TM Print Spell Check Help

Information

Case: [Aardvark, Amy B. \(6342027\)](#) Tracking No: 8012584

County

☐ Send 90-Day Summary Report to DCF Date Sent: Sent By:

Date of incident: County or State Agency:

Child Information (at the time of incident)

DOB: <input type="text" value="07/02/2009"/>	Age: <input type="text" value="5"/>	Gender: <input type="text" value="Female"/>	Delete	Row 1 of 1
Race: <input type="text" value="White"/>	Ethnicity: <input type="text" value="Caucasian"/>	Hispanic/Latino: <input type="text" value="No"/>		
Race: <input type="text"/>	Indian Tribe: <input type="text"/>	Indian Tribe2: <input type="text"/>		
Race: <input type="text"/>	Special Needs: <input type="text"/>			
Race: <input type="text"/>				
Race: <input type="text"/>				

[Insert](#)

Description of the incident, including the suspected cause of death, injury or egregious abuse or neglect:

[More...](#) [Less...](#) [Default](#)

Findings by agency, including maltreatment determination and material circumstances leading to incident:

[More...](#) [Less...](#) [Default](#)

Options: [Go](#) [Save](#) [Close](#)

- Once all required fields have been completed and you are ready to submit the report to DCF, check the send 90-Day Summary Report to DCF checkbox.

90-Day Summary Report -- Webpage Dialog

eWiSACWIS TM Print Spell Check ABC Help ?

Information
Case: [Aardvark, Amy B. \(6342027\)](#) Tracking No: 8012584

County

☒ Send 90-Day Summary Report to DCF Date Sent: Sent By:

Date of incident: 06/02/2015 County or State Agency: Bureau of Milwaukee Child Welfare

Child Information (at the time of incident)

DOB: 07/02/2009	Age: 5	Gender: Female	Delete	Row 1 of 1
Race: White	Ethnicity: Caucasian	Hispanic/Latino: No		
Race:	Indian Tribe:	Indian Tribe2:		
Race:	Special Needs:			
Race:				
Race:				

[Insert](#)

Description of the incident, including the suspected cause of death, injury or egregious abuse or neglect:

Description...

[More...](#) [Less...](#) [Default](#)

Findings by agency, including maltreatment determination and material circumstances leading to incident:

Findings...

[More...](#) [Less...](#) [Default](#)

Options: [Go](#) [Save](#) [Close](#)

- The page will freeze and an e-mail will be sent to DCF to notify them that a report has been submitted. (This will delete the 90-Day Summary Report Tickler)

5. Launch the 90-Day Summary Report template from the Options dropdown. There is nothing that needs to be entered on the template.

<input type="checkbox"/> Placement into foster home	<input type="checkbox"/> Case remains open for services
<input type="checkbox"/> Placement with relatives	<input type="checkbox"/> Case closed by agency
<input type="checkbox"/> Ongoing Services case management	<input type="checkbox"/> Initiated efforts to address or enhance community collaboration on CA/N cases
	<input type="checkbox"/> Other (describe):

Options: **90-Day Summary Report**

90-Day Summary Report for Child Death, Serious Injury or Egregious Incident

Reports submitted to the Division of Safety and Permanence (DSP) that do not include all of the required information will be returned to the agency for proper completion. Do not identify individuals by name when completing this report. Individuals may be referenced by relationship or position; e.g., mother, father, child, sibling, physician, detective, etc.

Case Tracking Number: 8012584 Agency: Bureau of Milwaukee Child Welfare

Child Information (at time of incident)
Age: 5 Years Gender: ☒ Female ☐ Male
Race or Ethnicity: White, Caucasian
Special Needs:

Date of Incident: 06/02/2015

Description of the incident, including the suspected cause of death, injury or egregious abuse or neglect:
Description...

Findings by agency, including maltreatment determination and material circumstances leading to incident:
Findings...

☒ Yes ☐ No Criminal investigation pending or completed?
☐ Yes ☒ No Criminal charges filed? If yes, against whom?

Child's residence at the time of incident: ☐ In-home ☒ Out-of-home care placement

Complete the appropriate following section (A. or B. based on the child's residence at the time of the incident).

A. Children residing at home at the time of the incident:

Description of the child's family (includes household members, noncustodial parent and other children that have visitation with the child and/ or in the child's family home):

☐ Yes ☐ No **Statement of Services:** Were services under ch. 48 or ch. 938 being provided to the child, any member of the child's family or alleged maltreater at the time of the incident, including any referrals received by the agency or reports being investigated at time of incident?

If "Yes", briefly describe the type of services, date(s) of last contact between agency and recipient(s) of those services, and the person(s) receiving those services:

Summary of all involvement in services as adults under ch. 48 or ch. 938 by child's parents or alleged maltreater in the previous five years: (Does not include the current incident.)